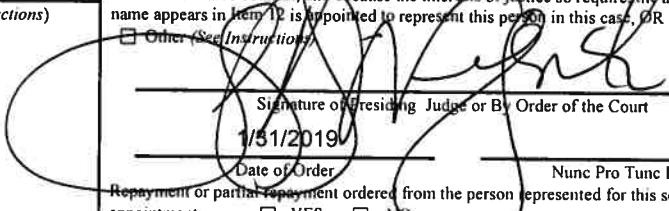


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED WANDA SOEL		VOUCHER NUMBER																																																																																											
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:18-CR-717	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																																											
7. IN CASE/MATTER OF (Case Name) USA V. Wanda Soel	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC																																																																																											
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18:2113(a) and 2 Bank Robbery; 18:1951(a) and 2 Hobbs Act Robbery																																																																																														
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS THOMAS AMBROSIO 750 VALLEY BROOK AVENUE LYNDHURST, NJ 07071	13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: Kathleen M. Theurer Appointment Dates: 12/4/2017-1/31/2019																																																																																													
Telephone Number: (201) 935-3005	<input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judge or By Order of the Court 1/31/2019 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																													
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)			15. CLAIM FOR SERVICES AND EXPENSES																																																																																											
			FOR COURT USE ONLY <table border="1"> <thead> <tr> <th>CATEGORIES (Attach itemization of services with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH. ADJUSTED HOURS</th> <th>MATH/TECH. ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>15. In Court</td> <td>a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)</td> <td></td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td></td> <td>(RATE PER HOUR = \$) TOTALS:</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>16. Out of Court</td> <td>a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. 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CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____</td> </tr> <tr> <td colspan="6" style="text-align: center;">APPROVED FOR PAYMENT — COURT USE ONLY</td> </tr> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td colspan="2">27. TOTAL AMT. APPR./CERT. \$0.00</td> </tr> <tr> <td colspan="3">28. 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